Within corporate limits

Schindler

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60001

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland, Md.
LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland
STREET ADDRESS (If rural, give location) 472 Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Harry (Last) Adams

4. DATE OF DEATH: (Month) (Day) (Year) January 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 1, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cumberland City Employee

11. BIRTHPLACE (State or foreign country): Chaneysville, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Adams

14. MOTHER'S MAIDEN NAME: Ellen Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-18-2388

17. INFORMANT & ADDRESS: Mrs. Francis Wood, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420 Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Generalized arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1950, to Jan. 12 1953, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) B. M. Schindler M.D. — ADDRESS 41 Decatur St Cumberland Md — DATE SIGNED 1/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 15, 1953

NAME OF CEMETERY OR CREMATORY: Rolling Road Cemetery

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. Jan. 14, 1953

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hafer, Cumberland, Maryland

VS. A15 M51

RECEIVED
JAN 20 1923
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00602 4

Reg. Dist. No.....

DR. FAW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 5 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,

STREET ADDRESS (If rural, give location) 563 PATTERSON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) F. (Last) ATHEY

4. DATE OF DEATH: (Month) JANUARY (Day) 29, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPTEMBER 18, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: APOLYARD RYAN

14. MOTHER'S MAIDEN NAME: MARTHA BENNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Carcinoma Sigmoid colon & gen-metastasis — 6 mo

DUE TO — and extreme cachexia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO — (c)

153

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 28. 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid colon & Obstruction & metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1953, to Jan 29, 1953, that I last saw the deceased alive on Jan 27, 1953, and that death occurred at 6.15 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

WM Faw — M D — Cumberland Md — 1-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** 1-31-1953 — **NAME OF CEMETERY OR CREMATORY** HillCrest Cem. — **LOCATION** (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Jan. 31, 1953 — **REGISTRAR'S SIGNATURE** Winter R. Bank, M.D.

24. FUNERAL DIRECTOR Charles L. George — **ADDRESS** Cumberland, Md.

RECEIVED
FEB 3 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C0003

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; LENGTH OF STAY (in this place) 4 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Johnson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va.; COUNTY Mineral; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser; STREET ADDRESS (If rural, give location) E. Piedmont

3. NAME OF DECEASED (Type or Print): (First) Lilly (Middle) Ellen (Last) Bane

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 12, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob M. Biggs

14. MOTHER'S MAIDEN NAME: Amelia Rinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Shirley Ferrell. Westernport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chronic — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) #222

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 1-15, 1953, that I last saw the deceased alive on 1-15, 1953 and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE Robert W. Dear (Degree or title) M.D. ADDRESS DATE SIGNED 1-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/17/53 — NAME OF CEMETERY OR CREMATORY Queens Point Cem. — LOCATION (City, town, or county) Keyser, W. Va. (State)

DATE REC'D BY LOCAL REG. Jan 16, 1953 — REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR B. N. Blackwood — ADDRESS Keyser, W. Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): W. Main St.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) C. (Last) Biddington

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-24-1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melson Biddington

14. MOTHER'S MAIDEN NAME: Eleanora Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Wm. Biddington, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolus — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 422.

DUE TO (b) arterio - sclerotic C-V disease — 5 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1953, to 1-15, 1953, that I last saw the deceased alive on 1-15, 1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H. C. Diehl, M.D. — ADDRESS Frostburg, Md. — DATE SIGNED 1/16/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-18-53 — NAME OF CEMETERY OR CREMATORY: Finzel Cemetery — LOCATION (City, town, or county) (State): Finzel, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-17-53 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

RECEIVED
JAN 20 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00005

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 513 Henderson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) V. (Last) Blake

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 16 1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ingersdale Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Aldom

14. MOTHER'S MAIDEN NAME: Elizabeth - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wm G Blake, Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

434.1

Immediate cause (a) Pneumonia, bilateral

~~DUE TO~~

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestive heart failure DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1952, to 1/2, 1953, that I last saw the deceased alive on 1/2, 1953, and that death occurred at 3:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Leo N. Levy Jr. M.D. — 456 N. Centre St. — 1/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 5 53 — NAME OF CEMETERY OR CREMATORY: St Peter & Paul's Cem — LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REGISTRAR: Jan 7, 1953 — REGISTRAR'S SIGNATURE: Clarita K. Kantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Louis Stein Inc Cumberland

RECEIVED
JAN 13 1953
U.S.A.
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

Blake

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Cumberland
LENGTH OF STAY (in this place): 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 310 Pennsylvania Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Earl (Last) Blake

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Apr. 14 1870

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: B & O Ry

11. BIRTHPLACE (State or foreign country): Lenox, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm O Blake

14. MOTHER'S MAIDEN NAME: Rachel Leas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Richard L. Blake, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cerebral thrombosis	unk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Generalized arteriosclerosis	unk.
	(c) DUE TO		

3334

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1952, to 14 Jan, 1953, that I last saw the deceased alive on 14 Jan, 1953, and that death occurred at 9 10/pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Oliver Ralph Beck M.D. — ADDRESS: 202 Virginia Ave Cumberland Md — DATE SIGNED: 1/15/53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial — DATE THEREOF: Jan 17 53 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cem — LOCATION (City, town or county): Cumberland — (State): Md

DATE REC'D BY LOCAL REGISTRAR: Jan 16, 1953 — REGISTRAR'S SIGNATURE: Walter L. Hartz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Louis Stein, Inc. Cumberland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 E. Main St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): 206 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) (Last) BOCKES

4. DATE OF DEATH: (Month) Jan. (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-28-1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: reTired Conductor

10b. KIND OF BUSINESS OR INDUSTRY: B&O R. R.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Bockes

14. MOTHER'S MAIDEN NAME: Elizabeth Judy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-09-6078

17. INFORMANT & ADDRESS: Mrs. Anna Bockes, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

†Immediate cause (a) DUE TO: B. Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertensive Cardiovascular Renal Disease years

(c)

Interval Between Onset And Death: (a) 24 hrs. (b) years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 48, to 17 Jan., 1953, that I last saw the deceased alive on 17 Jan., 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Daves, M.D. — ADDRESS: Frostburg, Md — DATE SIGNED: 1/18/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-19-53 — NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery — LOCATION (City, town, or county) (State): Berlin, Pa.

DATE REC'D BY LOCAL REGISTRAR: 1-19-53 — REGISTRAR'S SIGNATURE: Dr. Nancy N. Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

VS. A15

1/26/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 2/18/52

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR: Cumberland Rural

STREET ADDRESS (If rural, give location): Rt. #2, Creek Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Anna Mary Bordner	January 9, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	September 15, 1862	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Pennsylvania (Bedford County)	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jackson Kerr	Maria Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hypostasis	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Myocarditis	?
	DUE TO (c) General arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 2, 19 52, to Jan. 1, 19 53, that I last saw the deceased alive on Jan. 4, 19 53 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Jacob E. McLean M.D.	49 Green St.	1-10-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/12/1953	Schellsburg Cemetery	Schellsburg Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 12, 1953	Minter L. Kantz, M.D.	Harvey H. Zeigler	Hyndman Pa

DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: PENN. — COUNTY: Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, HYNDMAN
STREET ADDRESS (If rural give location): R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) TERRY (Middle) WILLIAM (Last) BURLEY

4. DATE OF DEATH: (Month) JAN (Day) 3 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: NOV. 28, 1952

9. AGE Last birthday: yrs. 1

IF UNDER 1 YEAR: Months 5 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: DANIEL R. BURLEY, Jr.

14. MOTHER'S MAIDEN NAME: Marguerite [illegible] CHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

517X

Immediate cause (a) ... Ludwig's Angina — Interval Between Onset And Death: 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ...
DUE TO (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 19 52, to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 12:55PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John A Topper MD — ADDRESS: Hyndman Pa — DATE SIGNED: 1.3.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/5/1953 — NAME OF CEMETERY OR CREMATORY: Cooper Mills — LOCATION (City, town, or county) (State): Hyndman, Pa

DATE REC'D BY LOCAL REGISTRAR: Jan. 4, 1953 — REGISTRAR'S SIGNATURE: Walter R. Bank, M.D. — **24. FUNERAL DIRECTOR**: Harvey H. Leigler — ADDRESS: Hyndman Pa

420x2253405

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, M d
LENGTH OF STAY (in this place): 40yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 402 Pulaski St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md
STREET ADDRESS (If rural, give location): 402 Pulaski St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) A. (Last) Carroll

4. DATE OF DEATH: (Month) (Day) (Year) I-22-53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 23, 1868

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Midland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon Kenny

14. MOTHER'S MAIDEN NAME: Margaret Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Agnes V. Carroll 402 Pulaski St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Generalized Arteriosclerosis — Interval between onset and death: Prob.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Coronary Arteriosclerosis — to 1942

DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of age.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.18, 19 42, to January 22, 19 53, that I last saw the deceased alive on 1-22, 19 53, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE W. K. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 1-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: I-26-53 — NAME OF CEMETERY OR CREMATORY: St. Patrick's Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 24, 1953 — REGISTRAR'S SIGNATURE: Winter R. Frank, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

GENVE
JAN 27 19
BUREAU V. S.

Within corporate limits

DR. STEGMAIER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED: (First) JOHN (Middle) (Last) CASTEEL

4. DATE OF DEATH: (Month) JAN. (Day) 28 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	SINGLE	APRIL 29, 1867	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	MARYLAND	U.S.A.

13. FATHER'S NAME: THOMAS CASTEEL

14. MOTHER'S MAIDEN NAME: MARGARET FRIEND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of Bladder	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 24 Jan., 1953, to 27 Jan., 1953, that I last saw the deceased alive on 27 Jan., 1953, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE: Lewis B. Stegmaier (DEGREE OR TITLE) M.D. ADDRESS: Cumberland Md. DATE SIGNED: 30 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 31 1953	Casteel Cemetery	Oakland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 30, 1953	Walter R. Hantz, M.D.	Emory B. Golden	Oakland Md

Within corporate limits: DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PAW PAW
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) B. (Last) CLARK

4. DATE OF DEATH: (Month) JAN. (Day) 26 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 5/8/1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator (Ret)

10b. KIND OF BUSINESS OR INDUSTRY: W.U. RR.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: AMBROSE CLARK

14. MOTHER'S MAIDEN NAME: REBECCA MC GOWAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705 IC 9753

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shock

19a. DATE OF OPERATION: 1-26-53 — **19b. MAJOR FINDINGS OF OPERATION**: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12-, 1953, to 1-26-, 1953, that I last saw the deceased alive on 1-26-, 1953, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE: Durward L. Tolson M.D. (Degree or title) — ADDRESS — DATE SIGNED: 1-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 29, 1953 — NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery — LOCATION (City, town, or county) (State): Paw Paw, W. Va.

DATE REC'D BY LOCAL REG.: Jan. 27, 1953 — REGISTRAR'S SIGNATURE: Wm. K. Mantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: W. D. Parks, Berkeley Springs, W. Va.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 8/26/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 11 Standish Street

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) M. (Last) Crump

4. DATE OF DEATH: (Month) January (Day) 31, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/25/88

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland (Garrett Co.)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Norman Durst

14. MOTHER'S MAIDEN NAME: Anna Ternent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	?
	DUE TO (c) Inanition	6 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 6 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1953, to Jan. 31, 1953, that I last saw the deceased alive on Jan. 31, 1953 and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James E. McLean M.D. 49 Greene St. 2-2-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Maryland

DATE REC'D BY LOCAL REG.: Feb. 3, 1953 — REGISTRAR'S SIGNATURE: Hunter L. Frantz, M.D. — 24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS: Frostburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke; LENGTH OF STAY (In this place) 52 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS W.Va. Plup & Paper Mill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke, Md.; STREET ADDRESS (If rural, give location) Cromwell St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Herbert (Last) Dawson

4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/17/1892

9. AGE last birthday: 60 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beater-man

10b. KIND OF BUSINESS OR INDUSTRY: Paper mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles N. Dawson

14. MOTHER'S MAIDEN NAME: Sarah F. Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-03-9710

17. INFORMANT AND ADDRESS: Mrs. W. H. Dawson, Luke, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	At once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial Asthma	5 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H.V. Deming M.D. H.V. Deming M.D. ADDRESS Cumberland, Md DATE SIGNED 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1/30/53; NAME OF CEMETERY OR CREMATORY Phylos Cem; LOCATION (City, town, or county) Westernport (State) Md.

DATE REC'D BY LOCAL REG. Jan 29, 1953; REGISTRAR'S SIGNATURE Mrs Jan C Kelly

24. FUNERAL DIRECTOR E.S. Boal. ADDRESS Westernport, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) FRANCES (Last) DICKEL

4. DATE OF DEATH: (Month) Jan. (Day) 31, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-13-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Moran

14. MOTHER'S MAIDEN NAME: Martha Lynch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Joseph Dickel, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Congestion Lungs — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 10 days

DUE TO (c) Hypertension Heart disease — 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 53 to Jan 31, 1953 that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Allan G. Munn M.D. Cumberland Md Feb 2 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-3-1953 — NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery — LOCATION (City, town, or county) (State) Mt. Savage, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 2, 1953 — REGISTRAR'S SIGNATURE Wesley R. Hartz, M.D.

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 159 Front Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 159 Front Ave.

3. NAME OF DECEASED: (First) Martha (Middle) Elizabeth (Last) Dusheng (Type or Print)

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 28 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Johnstown Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Horner

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frostburg, Md. Alfred L. Dusheng, 159 Front Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic myocarditis — Interval between onset and death: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) arterio-sclerosis —
DUE TO (c)

422

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility — —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1953, to 1-30, 1953, that I last saw the deceased alive on 1-30, 1953, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M.D. (DEGREE OR TITLE) ADDRESS Frostburg, Md DATE SIGNED 1-31-53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-1-1953

NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.

LOCATION (City, town, or county) (State) Route 40 Frostburg, Md.

DATE REC'D BY LOCAL REG. 2-1-53

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Jacob Hay ADDRESS Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. FROSTBURG; STREET ADDRESS (If rural, give location) ECKHART MINES

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) STEPHEN (Last) DIXON

4. DATE OF DEATH: (Month) JAN (Day) 11 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DEC. 25-1952

9. AGE last birthday: ~~17 DAYS~~ yrs. If under 1 year: Months; Days 16; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ECKHART MINES Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HAROLD DIXON

14. MOTHER'S MAIDEN NAME: Kathaleen Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs. Harold Dixon, R. F. D 2 Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DEHYDRATION DO TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) INADEQUATE INTAKE OF FLUIDS, ALSO HAD THRUSH

(c) WEAK 8- MONTHS PREMATURE

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. DEMING MD. H.V. Deming M.D. CUMBERLAND, MD. JANUARY 11, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-13-1953	Eckhart Cemetery	Eckhart, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 13, 1953	Wintie R. Stanley, M.D.	Jaco Hafer	Frostburg, Md.

IC V2 363331

Within corporate limits

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00018

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 19 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 9 BROOKLYN PLACE

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) (Last) DUCKWORTH

4. DATE OF DEATH: (Month) (Day) (Year) JANUARY 27 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEPARATED

8. DATE OF BIRTH: NOVEMBER 21, 1902

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman — NONE

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID DUCKWORTH

14. MOTHER'S MAIDEN NAME: SARAH M. SHROYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220 10 7485

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

591.1 Immediate cause (a) Sub-acute Nephritis — Interval between onset and death: 4 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO Myocarditis & Decompensation — 3 wks
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1953 to Jan. 27, 1953 that I last saw the deceased alive on Jan. 26, 1953 and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Chas. Durrett M.D. ADDRESS Cumberland DATE SIGNED 1/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan. 29, 1953
NAME OF CEMETERY OR CREMATORY Zion Memorial Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Jan. 27, 1953
REGISTRAR'S SIGNATURE Winter R. Rasby, M.D.

24. FUNERAL DIRECTOR ADDRESS Wm. H. Kight, Cumberland, Md.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 40yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): II Potomic St.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Mae (Last) Durbin

4. DATE OF DEATH: (Month) (Day) (Year) I-I4-53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 4, I887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months / IF UNDER 24 HRS. Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Oldtown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Davis

14. MOTHER'S MAIDEN NAME: Martha Jane Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Russell B. Durbin II Potomic St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

422.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 20 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md. —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/12/53, 19....., to 1/14/53, 19....., that I last saw the deceased alive on 1/14/53, 19....., and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. H. Mullaney M.D. Cumberland 1/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: I-I7-53

NAME OF CEMETERY OR CREMATORY: Mt. Tabor Cem

LOCATION (City, town, or county) (State): Cumberland, Md. (Rural)

DATE REC'D BY LOCAL REG. Jan 15, 1953

REGISTRAR'S SIGNATURE: Walter R. Lantz M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli Cumberland, Md.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 507 Patterson Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 507 Patterson Ave.,

3. NAME OF DECEASED: (Type or Print) (First) LOUISA (Middle) BERTHA (Last) FLECKENSTEIN

4. DATE OF DEATH: (Month) Jan. (Day) 10, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 6, 1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Steubenville, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Paul Ritter

14. MOTHER'S MAIDEN NAME: Catherine Fable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. A. M. Spioch 507 Patterson Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Adenocarcenoma Left Breast	2 yrs.
	(c) DUE TO Multivalvular arteriosclerotic heart disease	15 Years.

170X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1952, to Jan. 10, 1953, that I last saw the deceased alive on January 10, 1953, and that death occurred at 2.20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James P. Mallinos MD — ADDRESS 700 Decatur St. Cumberland Md. — DATE SIGNED 1-12-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/13/53 — NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Jan. 12, 1953 — REGISTRAR'S SIGNATURE Winter R. Hartz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — ADDRESS Cumberland, Md.

Within corporate limits — Dr. Schindler.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dec 21

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Flintstone
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Kelly (Last) Fletcher

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 29, 1903

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ice Cream Worker

10b. KIND OF BUSINESS OR INDUSTRY: Sealt Olive Ice Cream

11. BIRTHPLACE (State or foreign country): Flintstone, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Fletcher

14. MOTHER'S MAIDEN NAME: Ida Innes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-7472

17. INFORMANT & ADDRESS: Betty Bowman - Flintstone Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis — DUE TO

(c)

Interval Between Onset And Death: (a) 2 days; (b) 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Jan 18, 1953, that I last saw the deceased alive on Jan 18, 1953 and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE B. M. Schindler MD (Degree or title) ADDRESS 41 Greenway Cumberland Md DATE SIGNED 1/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 21, 1953 — NAME OF CEMETERY OR CREMATORY Mt Hope Christian Cem. — LOCATION (City, town, or county) Near Artemas (State) Pa.

DATE RECD BY LOCAL REGISTRAR Jan 21, 1953 — REGISTRAR'S SIGNATURE Minter K. Davis, MD

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland Md.

VS. A15

RECEIVED
1953
U. S.

Item 9 Film G150 1/23/53 whw

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Cumberland (Frantztown)
STREET ADDRESS (If rural, give location): R.F.D.#3 Bedford Road.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Walter (Last) Frantz
4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug.1-1883
9. AGE last birthday: 69 ~~yrs.~~ 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Cumberland, Md. (Frantztown)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Frantz
14. MOTHER'S MAIDEN NAME: Anna Burkett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-14-6284
17. INFORMANT AND ADDRESS: Wife) Lillie Kerns Frantz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock-2nd.&3rd. degree burns of body — Interval Between Onset and Death: about 20 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* ☐ OR CONTRIBUTING** ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm
(CITY OR TOWN): near- Greenspring
(COUNTY):
(STATE): W.Va.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Jan.15-1953 P.m.
INJURY OCCURRED While at work ☐ Not while at work* ☒
HOW DID INJURY OCCUR? bit a cigar, threw match in grass, grass caught fire his clothes caught fire trying to put fire out

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐ *Inspection* * *Inquiry** *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* *, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: H.V.Deming M.D. H.V.Deming M.D.
(Degree or title)
ADDRESS: Cumberland, Md.
DATE SIGNED: Jan.16-1953

23. BURIAL, CREMATION (REMOVAL) (Specify): Burial
DATE THEREOF: Jan 18 1953
NAME OF CEMETERY OR CREMATORY: Zion Memorial Burial Park
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Jan. 17, 1953
REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Light
ADDRESS: Cumberland Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(illegible)

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke
LENGTH OF STAY (in this place): 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 317 Fairview St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke
STREET ADDRESS (If rural, give location): 317 Fairview St

3. NAME OF DECEASED: (First) ROSA (Middle) ALVAREZ (Last) GARCIA (Type or Print)

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 19XX 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Serin, Spain

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jose Arguelles

14. MOTHER'S MAIDEN NAME: Marcia Diaz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT & ADDRESS: 317 Fairview St
Manuel Garcia, Luke, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

204.4

Immediate cause (a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 month

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) arteriosclerosis — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Jan 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

F. A. Berry M.D. Piedmont W. Va. 2/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1-28-53

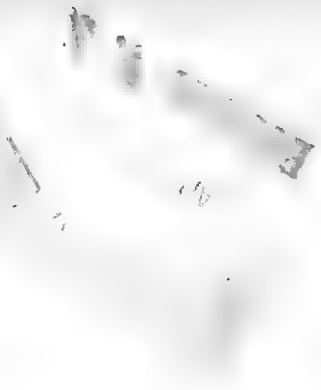
NAME OF CEMETERY OR CREMATORY: St Peters Cemetery

LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: Jan 29, 1953

REGISTRAR'S SIGNATURE: Thos Jan C. Kelly

24. FUNERAL DIRECTOR ADDRESS: E. S. Boal, Westernport, Maryland



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8021

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — STATE Maryland — CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland — LENGTH OF STAY (in this place) 40 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 Fayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — STREET ADDRESS (If rural give location) 807 Fayette St.

3. NAME OF DECEASED: (First) Ernest (Middle) H (Last) Geare — (Type or Print)

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: May 24 1886 — 9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk & Merchant (Retired) — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): England — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Geare — 14. MOTHER'S MAIDEN NAME: Anna Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: 214-05-7352 — 17. INFORMANT & ADDRESS: Eleanor Paul Geare, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hypostatic Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized Carcinomatosis

(c) Carcinoma of Prostate

1774

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1952, to Jan. 28, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 11:10 AM, from the causes and on the date stated above.

SIGNATURE Leo L Levy Jr. — (Degree or title) M.D. — ADDRESS 456 N. Centre St. — DATE SIGNED 1/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 30 53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem — LOCATION (City, town, or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 31, 1953 — REGISTRAR'S SIGNATURE Walter K. Manz M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS "

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0002 Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 64 Boone St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Lewis (Last) Hahne
4. DATE OF DEATH: (Month) January (Day) 6, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 19, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired Boilermaker's Helper
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August M. Hahne
14. MOTHER'S MAIDEN NAME: Christine Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-05-5211
17. INFORMANT & ADDRESS: Mrs Thelma L. Kaylor 64 Boone St.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
584X Immediate cause	(a) Peritonitis	36 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Ruptured gall bladder	36 hrs
	DUE TO (c) Cholecystitis	6 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. Valvular heart disease

19a. DATE OF OPERATION: 1-5-53
19b. MAJOR FINDINGS OF OPERATION: Peritonitis - ruptured gall bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1953, to 1-6, 1953, that I last saw the deceased alive on 1-6, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE D. R. Moore — (Degree or title) MD — ADDRESS Cumberland Md — DATE SIGNED 1-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF I-9-53 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 8, 1953 — REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland, Md.

VS. A15

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00025

Reg. Dist. No. 4

1464

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Rural
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3, Bedford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegan
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Cumberland
STREET ADDRESS (If rural give location) Route 3, Bedford Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Araminta (Last) Hardinger

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 4 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bedford Valley, Bedford, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Elliott

14. MOTHER'S MAIDEN NAME: Elmira Boor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Howard Hardinger, Route 3, Cumberland, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval Between Onset And Death: Two weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arterio Sclerosis

DUE TO

(c) Senile Infirmities of age.

490.0

491.8

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1952 to Jan 17 1953, that I last saw the deceased alive on 1-9, 1953, and that death occurred at 4:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. F. Williams M.D. Cumberland 1/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Jan 20 1953 NAME OF CEMETERY OR CREMATORY Centenary Cemetery LOCATION (City, town, or county) Near Cumberland Allegany (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 20, 1953 REGISTRAR'S SIGNATURE Hunter R. Kantz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md

RECEIVED
V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 11 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 11 Altamont Terrace.

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Bradley (Last) Hill

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug. 27-1896

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver helper-Klavuhn Coal Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Strongstown, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Hill

14. MOTHER'S MAIDEN NAME: Irene Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-10-1183

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: Shock & Intrathoracic hemorrhage due to a crushed — Interval between onset and death: 11 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) left chest, also had several severe large lacerations of scalp.

(c) Truck hit by a W.Md. passenger train.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Va. Ave. Crossing (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) Jan. 28/53 (Hour) 2:18 P. m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Truck hit by a W.Md. Passenger train at Va. Ave. crossing.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 29-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 31-1953 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 31, 1953 — REGISTRAR'S SIGNATURE: Winter R. Hank M.D. — 24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 214 E. Main

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Krauss

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 16th, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Pajama Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Krauss

14. MOTHER'S MAIDEN NAME: Elizabeth Lemmert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-3622

17. INFORMANT & ADDRESS: Mrs. Olin Gunnett, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage — sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 1 year

DUE TO

(c) Hypertension

331

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1949, 19 ..... to Jan 3, 1953, that I last saw the deceased alive on Jan 2, 1953 and that death occurred at 1:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. O. McLane MD ADDRESS Frostburg Md. DATE SIGNED 1-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 5, 1953 — NAME OF CEMETERY OR CREMATORY Zion EvanGelical Cem. — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 1-5-53 — REGISTRAR'S SIGNATURE Mrs. Nancy K. Roe

24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

VS. A15

RECEIVED
JAN 7 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 1 hr; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland; STREET ADDRESS (If rural, give location): #2 R.F.D. Baltimore Pike

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Celia (Last) Lannon

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 29-1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Darling Shop - Retail Store

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Lannon

14. MOTHER'S MAIDEN NAME: Anna M. Gannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 577-10-9861

17. INFORMANT AND ADDRESS: brother) Thomas E. Lannon, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion due to — Interval between onset and death: about 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✱, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 1-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-5-1953 | NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 4, 1953 | REGISTRAR'S SIGNATURE: Winter R. Kantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 2/21/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 406 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Lyon

4. DATE OF DEATH: (Month) (Day) (Year) January 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/14/1865

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland (Allegany Co.)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elnathan Russell

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Hypostasis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Myocarditis	?
	DUE TO (c)	General arteriosclerosis	?

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 25 1953, that I last saw the deceased alive on Jan 25, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Jewett G. McLean M.D. 49 Greene St. 1-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/29/53

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Jan. 28, 1953

REGISTRAR'S SIGNATURE: Wendell K. Hantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Louis Stein Inc. Cumberland Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at Queen City Station, B&O.R.Ry.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY: Clearfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DuBois
STREET ADDRESS (If rural, give location): 121 Evergreen Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	G.	Markicwitz	Jan.	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Jan. 14-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired-carman	B&O.R.Ry.	Krakow, Poland.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Markicwitz Sr.	~~Unknown~~ Sophia Sadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	705-10-0087	son Joseph F. Markicwitz, DuBois, Pa. 122 W. Washington St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary occlusion due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary sclerosis	?
(c)		

420

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Jan. 21-1953

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1953	St. Michaels Cem.	DuBois, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 21, 1953	Walter R. Hartz, M.D.	Paul Woods	" "

VS. A15A

JAN 27 19
BUREAU V. S.

Within Corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. VAN ORMER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 19 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR: Near CUMBERLAND, Rural
STREET ADDRESS (If rural, give location): ROUTE # 5, Vocke Rd.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) B. (Last) MARTZ

4. DATE OF DEATH: (Month) JAN (Day) 29, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 9, 1905

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN MARTZ

14. MOTHER'S MAIDEN NAME: ELIZABETH MARLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-4766

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
24 hrs. Immediate cause	(a) Cardiac Failure	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Obstructive Emphysema	? at least 1946
	DUE TO (c) Asthma, Chronic, Extrinsic	15 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to Jan. 29, 1953, that I last saw the deceased alive on Jan. 29, 1953, and that death occurred at 4:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. Alfred Van Ormer, M.D. ADDRESS 531 Louisiana Ave., Cumberland Md. DATE SIGNED 30 Jan '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-2-1953 — NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 1, 1953 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — ADDRESS Cumberland, Md.

VS. A15 51

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LaVale, Near Cumberland, Md.
STREET ADDRESS (If rural, give location): Park Hgts., R.F.D. 6, Cumberland

3. NAME OF DECEASED (Type or Print): (First) Lelia (Middle) Regina (Last) Mathews

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 19, 1895

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman

10b. KIND OF BUSINESS OR INDUSTRY: Ready to Wear

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Coulehan

14. MOTHER'S MAIDEN NAME: Louisa DeMoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-6618

17. INFORMANT & ADDRESS: Daniel Mathews, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
47 X
Immediate cause (a) Acute coronary occlusion — Interval Between Onset and Death: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Upper respiratory infection — Interval Between Onset and Death: 1 week
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-, 1953, to 1-13-, 1953 that I last saw the deceased alive on 1-13-, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS 57 Decatur St. DATE SIGNED 1-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: January 15, 1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. Jan. 14, 1953
REGISTRAR'S SIGNATURE: Minter K. Clark, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Old Town
LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Old Town
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Missouri (Middle) E. (Last) Mc Culley

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 6-1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Noland

14. MOTHER'S MAIDEN NAME: Amenda Ziler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: A.B. Sissler, Old Town, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular-renal disease .

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 442

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection* ☐, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 25-1953

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Jan 27 '53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem — LOCATION (City, town, or county): Cumberland — (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 27, 1953 — REGISTRAR'S SIGNATURE: M. Twigg

24. FUNERAL DIRECTOR: Lewis Stein Inc " — ADDRESS: "

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]3

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 2Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 I/2 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Mahoning Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canfield Ohio
STREET ADDRESS R.F.D.#2 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Grant (Last) Mc Donald

4. DATE OF DEATH: (Month) (Day) (Year) I- I9- 53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 7, I879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Water Well Driller,

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Romney, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob McDonald

14. MOTHER'S MAIDEN NAME: Betty Pownell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thomas Hill McDonald Poland, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: acute

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Myocarditis & Decompensation - 8 mon

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1953, to Jan 19, 1953, that I last saw the deceased alive on Jan. 19, 1953 and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Clark L. Burnett (DEGREE OR TITLE) M.D. ADDRESS Cumberland - Md DATE SIGNED Jan. 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF I-22-53

NAME OF CEMETERY OR CREMATORY Canfield, Ohio

LOCATION (City, town, or county) (State) Canfield, Ohio

DATE REC'D BY LOCAL REG. Jan. 20, 1953

REGISTRAR'S SIGNATURE Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

VS. A15 51

RECEIVED
JAN 27 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place) 9 day.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland

STREET ADDRESS (If rural give location) Decatur Skreek

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Robert		Mc Farlane	Jan.	6	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 7, 1868	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Baker	Ort Bro's Bakery	Scotland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert McFarlane	Nancy Longridge

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no			Mrs Clarence Ort Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) DUE TO: enterocolitis — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-4-, 1953, to 1-6-, 1953, that I last saw the deceased alive on 1-6-, 1953, and that death occurred at 1-6 53, from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS 5 Greene St. — DATE SIGNED 1-7-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 9, 1953	Laurel Hill Cemetery	Moscow, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 8, 1953	Winter R. Frantz, M.D.	George Eichhorn	Lonaconing, Md

*

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (In this place) 58 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Oldtown Road D.O. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia; COUNTY [redacted]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Sir John's Run; STREET ADDRESS [redacted]

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) L (Last) McGee

4. DATE OF DEATH: (Month) January (Day) 5, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1893

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Chief, Fire Dept.

10b. KIND OF BUSINESS OR INDUSTRY: QM. Dept.

11. BIRTHPLACE (State or foreign country): McKeesport, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter McGee

14. MOTHER'S MAIDEN NAME: Catherine Hoop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War

16. SOCIAL SECURITY NO. I 220-K-2673

17. INFORMANT AND ADDRESS: Mrs. Albert Green, 976 Md. Ave., City

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute cardiac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis	several
(c)	years

4.22.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 5-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Jan. 8, 1953; NAME OF CEMETERY OR CREMATORY St. Peters & Pauls Cem.; LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Jan. 6, 1953; REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 16 Valley St.

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) C (Last) McNeill
4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July.18-1906
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tube machine operator
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Tire Co.
11. BIRTHPLACE (State or foreign country): Morefield, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin McNeill
14. MOTHER'S MAIDEN NAME: Pearl McNeill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-10-6828
17. INFORMANT AND ADDRESS: wife) Marie McNeill, 411 Columbia St. City

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-abdominal hemorrhage due to a self — about 6 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) inflicted gunshot wound in abdomen

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN): Cumberland — (COUNTY): Allegany — (STATE): Md.
TIME (Month, Day, Year, Hour) OF INJURY: about 4.30 Jan.12/53 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot himself in the abdomen.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan.13-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1-15-1953
NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan.13,1953
REGISTRAR'S SIGNATURE: Winter K. Stantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miller's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 99 Braddock

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) James (Last) Miller

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-17-1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hunting

14. MOTHER'S MAIDEN NAME: Mary Faus

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Thos. James, 99 Braddock, Frostburg, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 weeks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Cardiovascular Renal Disease — years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 19 48, to 10 Jan, 19 53, that I last saw the deceased alive on 10 Jan, 19 53, and that death occurred at 9. 18 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis, M.D. ADDRESS Frostburg, Md DATE SIGNED 1/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1-13-1953

NAME OF CEMETERY OR CREMATORY Frostburg Memorial

LOCATION (City, town, or county) Frostburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-12-53

REGISTRAR'S SIGNATURE Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR Ocie E. Harper

ADDRESS Frostburg, Md

VS. A15

Within corporate limits DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (Dr. 10)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANYY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 7-DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORRIGANVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEO (Middle) D. (Last) MILLER

4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 24, 1899

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL M. MILLER

14. MOTHER'S MAIDEN NAME: IDA MILLER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-1947

17. INFORMANT & ADDRESS: Memorial Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Acute

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocarditis c
DUE TO (c) Decompensation — 1 yr.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1953 to Jan. 9, 1953, that I last saw the deceased alive on Jan. 9, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay R. Durrett M.D. — ADDRESS Cumberland. — DATE SIGNED 1/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 12, 1953 — NAME OF CEMETERY OR CREMATORY Porters' Cemetery — LOCATION (City, town, or county) (State) Near Hydman, Pa.

DATE REC'D BY LOCAL REGISTRAR Jan. 12, 1953 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR — ADDRESS John J. Hafer, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place) 58Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Station Run

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Water Station Run

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Miller

4. DATE OF DEATH: (Month) Jan, (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 10 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lochner

14. MOTHER'S MAIDEN NAME: Mary Fratz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph Miller (Son)

18. MEDICAL CERTIFICATION — Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1-2 hrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10-15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ....., 1952, to 22 Jan ....., 1953, that I last saw the deceased alive on 22 Jan ....., 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Geo. Richard Jr. (Degree or title) — ADDRESS: Lonaconing, Md — DATE SIGNED: 1-25-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 25 1953 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG. 1-25-53 — REGISTRAR'S SIGNATURE: Jeanette M. Boal

24. FUNERAL DIRECTOR: George Eichhorn — ADDRESS: Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. W.F. WILLIAMS

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   - COUNTY: ALLEGANY — MARYLAND
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   - LENGTH OF STAY (in this place): 2 DAYS
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: PENNSYLVANIA — COUNTY: SOMERSET
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SALISBURY
   - STREET ADDRESS (If rural give location): ORD STREET ✓

3. NAME OF DECEASED: (Type or Print) (First) MENNO (Middle) J. (Last) MILLER

4. DATE OF DEATH: (Month) JANUARY (Day) 16, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/27/1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED — Watcher

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Company

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB MILLER

14. MOTHER'S MAIDEN NAME: ANNIE BEACHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-3111

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause — (a) Left Bundle Branch Block — DUE TO — from Jan 11-53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Extensive myocardial damage — DUE TO

(c) Areas of Arteriosclerosis.

4330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14-1953, to 1-16, 1953, that I last saw the deceased alive on 1-16-1953 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. F. Williams M.D. — ADDRESS: Cumberland — DATE SIGNED: 1-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JAN. 19 1953 — NAME OF CEMETERY OR CREMATORY: SALISBURY-I.O.O.F. — LOCATION (City, town, or county) (State): SALISBURY, SOMERSET-Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 17, 1953 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt. Savage
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt. Savage
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) SARAH (Middle) (Last) MULLOOLY

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-15-1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Mullooly

14. MOTHER'S MAIDEN NAME: Bedelia Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Arthur Mullooly, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Mitral Stenosis — Interval Between Onset And Death: unknown.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic nephritis — unknown.
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Skin Cancer on forehead.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1953, to 1-22, 1953, that I last saw the deceased alive on 1-22, 1953, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Mosley — ADDRESS: Mt Savage Md. — DATE SIGNED: 1-23-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-26-53 — NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery — LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 23- 53 — REGISTRAR'S SIGNATURE: Vernon McDermott

24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 3 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS Injuries Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Alleg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean; STREET ADDRESS (If rural give location) R. D. No. 1 Frostburg, Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) P. (Last) Smyrky

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12-8-1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Month Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Motor Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Green Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Smyrky

14. MOTHER'S MAIDEN NAME: Susan Mc Gowan

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jos. Smyrky 215 Mechanic Hill Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Arteriosclerotic Cardio Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

422.1

Interval Between Onset And Death: several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1953, to Jan 29, 1953, that I last saw the deceased alive on Jan 28, 1953 and that death occurred at 8:30 A.M. from the causes and on the date stated above.

SIGNATURE Odom O Lane (Degree or title) M.D. ADDRESS Frostburg Md DATE SIGNED Jan 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Jan 31-1953; NAME OF CEMETERY, OR CREMATORY Mt Lebanon Cemetery; LOCATION (City, town, or county) Lonaconing, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-30-53; REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Jacob Hafer, ADDRESS Frostburg, Md.

Within corporate limits RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: ALLEGANY — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: CUMBERLAND, MD.

LENGTH OF STAY (in this place): 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND — COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND, Rural

STREET ADDRESS (If rural give location): R.F.D. #2 Williams Road

3. NAME OF DECEASED: (Type or Print) (First) RUSSELL (Middle) ~~LEWIS~~ Louis (Last) MYERS

4. DATE OF DEATH: (Month) JAN. (Day) 10 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: JAN. 8, 1953

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months — Days 2

IF UNDER 24 HRS.: Hours 12 — Min. 7

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANKLIN L. MYERS

14. MOTHER'S MAIDEN NAME: MARY L. ~~CATON~~ Cayton √

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral Damage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Asphyxia Neonatorum

(c)

Interval Between Onset And Death: 2½ days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jan, 1953, to 10 Jan, 19 53, that I last saw the deceased alive on 10 Jan, 19 53 and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leland D. Ransom MD — ADDRESS: 63 Greene St Cumberland Md — DATE SIGNED: 10 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 11, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Zion Brethren Cemetery

LOCATION (City, town, or county): Mineral Co. (State): W. Va.

DATE REC'D BY LOCAL REGISTRAR: Jan 14 1953

REGISTRAR'S SIGNATURE: Mortimer R. Hantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

2013234405

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 9/23/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 226 Elder Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) May (Last) Nealis

4. DATE OF DEATH: (Month) January (Day) 2, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/9/1906

9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Whitman

14. MOTHER'S MAIDEN NAME: Katherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-22-3334

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331+

Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset and Death: 48 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) General arteriosclerosis — ?

DUE TO

(c) Hypertension. — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia. — 7 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1952, to Jan. 2, 1953, that I last saw the deceased alive on Jan. 1, 1953 and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. McLean M.D. — ADDRESS 49 Green St. — DATE SIGNED 1-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: I-4-53 — NAME OF CEMETERY OR CREMATORY: Fort Ashby Cem. — LOCATION (City, town, or county) (State): Fort Ashby, W.Va.

DATE REC'D BY LOCAL REG.: Jan. 3, 1953 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

RECEIVED
JAN 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cresaptwon
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) KARIN (Middle) (Last) NOE

4. DATE OF DEATH: (Month) Jan. (Day) 4, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-20-1951

9. AGE last birthday: 16 mos. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry D. Noe

14. MOTHER'S MAIDEN NAME: Marguerite Knepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Harry Noe, Cresaptown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonitis — Interval Between Onset And Death: 72 HRS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Anemia - Cause undetermined — 4 days??

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1952, to 1/4, 1953, that I last saw the deceased alive on 1/4, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry Eckhart M.D. — ADDRESS: 48 Broadway Frostburg Md. — DATE SIGNED: 1/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-6-53 — NAME OF CEMETERY OR CREMATORY: Eckhart Cemetery — LOCATION (City, town, or county) (State): Eckhart, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR: 1-6-53 Mrs. Harry N. Noe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Front Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Front Street

3. NAME OF DECEASED: (Type or Print) (First) Virgil (Middle) Homer (Last) Noel

4. DATE OF DEATH: (Month) (Day) (Year) Jan, 29 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan, 12 1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectionery

10b. KIND OF BUSINESS OR INDUSTRY: Business

11. BIRTHPLACE (State or foreign country): Midland Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Noel

14. MOTHER'S MAIDEN NAME: Isabelle Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Isabelle Noel Midland, Md. (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
453.1 Immediate cause	(a) Pulmonary Embolism - Massive	1-2 Mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Thrombophlebitis of Lower Extremities	2-3 d.
	(c) DUE TO Thrombo-angitis Obliterans	17 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52, to 29 Jan, 19 53, that I last saw the deceased alive on 27 Jan, 19 53, and that death occurred at 9.45 a.m., from the causes and on the date stated above.

SIGNATURE George Richards (DEGREE OR TITLE) MD ADDRESS Lonaconing Md DATE SIGNED 1/30/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan, 31, 1953

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park.

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 1-31-53

REGISTRAR'S SIGNATURE Jannette M Boal

24. FUNERAL DIRECTOR ADDRESS George Eichhorn Lonaconing, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 41 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear 418 N Centre St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) Rear 418 N. Centre St.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Loretta (Last) Parker

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 30 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: George Coleman

14. MOTHER'S MAIDEN NAME: Laura —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS: Blanche Parker Cumberland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to 1-16-1953 that I last saw the deceased alive on 1-12-1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE J. Z. Johnson (Degree or title) M.D. ADDRESS Cumberland Md DATE SIGNED 1-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/19/53 NAME OF CEMETERY OR CREMATORY Summer Grove LOCATION (City, town, or county) Cumberland (State) Md

DATE RECD BY LOCAL REGISTRAR Jan 19, 1953 REGISTRAR'S SIGNATURE Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR Toms Stem Inc ADDRESS Cumberland Md

VS. A15

RECEIVED
JAN 27 1933
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 419 N. Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Irvin (Last) Petenbrink

4. DATE OF DEATH: (Month) Jan. (Day) 27, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 3, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carmen Helper

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Wellersburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Petenbrink

14. MOTHER'S MAIDEN NAME: Mary Everline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) War 1

16. SOCIAL SECURITY NO.: 705-09-3414

17. INFORMANT & ADDRESS: Mrs. Ella Petenbrink Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

331K

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 19 53, to 1/27, 19 53, that I last saw the deceased alive on 1/26, 19 53, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE: Geo N. Levy Jr. — (DEGREE OR TITLE) MD — ADDRESS 456 N. Centre St. Cumberland — DATE SIGNED 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-29-1953 — NAME OF CEMETERY OR CREMATORY: Greenmount Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 28, 1953 — REGISTRAR'S SIGNATURE: Walter K. Hanby, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Cumberland
LENGTH OF STAY (in this place): 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 3, Bedford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Cumberland
STREET ADDRESS (If rural give location): Route 3, Bedford Road

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Cleveland (Last) Porter

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 24 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Greensboro Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Porter

14. MOTHER'S MAIDEN NAME: Sallie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary Porter, Route 3, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — DUE TO —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO —

(c)

Interval Between Onset And Death: 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Artery Heart Disease — 4 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/27/47, 19.., to 1/28/53, 19.., that I last saw the deceased alive on 1/28/53, 19.., and that death occurred at 9-30 AM, from the causes and on the date stated above.

SIGNATURE: W. Williams M.D. (Degree or title) — ADDRESS: Cumberland — DATE SIGNED: 1/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 31 1953 — NAME OF CEMETERY OR CREMATORY: Zion Memorial Burial Park — LOCATION (City, town, or county): Cumberland, (State) Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 30, 1953 — REGISTRAR'S SIGNATURE: Winter R. Tanty, M.D.

24. FUNERAL DIRECTOR: William H. Kight, — ADDRESS: Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Pratt St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke; STREET ADDRESS (If rural, give location) 404 Pratt St.

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Scott (Last) Randalls

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 2-1901

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic for the W.Va. Pulp & Paper Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beryll, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Randalls

14. MOTHER'S MAIDEN NAME: Agnes L. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-5992

17. INFORMANT AND ADDRESS: brother) William Randalls, Luke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion due to	1/2 hr/
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 12-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-14-53

NAME OF CEMETERY OR CREMATORY: Phila. Cemetery

LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG. Jan 14, 1953

REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: E.S. Boal

ADDRESS: Westernport, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00052

CERTIFICATE OF DEATH

Reg. Dist. No. 4

K. N. Durrett

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 Williams St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 437 Williams St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Leota		Reed	Jan	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last Birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	June 12 1889	63 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Cumberland Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry C Hensel	Alice Beal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Frank L. Reed. Cumberland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X Immediate cause	(a) Coronary Thrombosis DUE TO	Acute
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Diabetes Mellitus DUE TO	3 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1953 to Jan. 16, 1953, that I last saw the deceased alive on Jan. 14, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay S. Durrett	M.D.	Cumberland	1/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-17-53	Rose Hill Cem	Cumberland	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 19, 1953	Miller K. Hantz, M.D.	Louis Stein Inc	Cumberland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00053

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 709 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 709 Columbia St.

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) A. (Last) Roberts

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Nov 19 1889 — 9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: city streets dept — 11. BIRTHPLACE (State or foreign country): Braddock Pa — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Roberts — 14. MOTHER'S MAIDEN NAME: Anna Ranke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: NONE — 17. INFORMANT & ADDRESS: Mrs Erma B. Roberts. Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Thrombosis — 30 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6/53, 19 53, to 1/6/53, 19 53 that I last saw the deceased alive on 1/6/53, 19 53, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charlotte B. Gardner M.D. — ADDRESS Cumberland, Md. — DATE SIGNED 1-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Jan 8 53 — NAME OF CEMETERY OR CREMATORY Braddock Cem — LOCATION (City, town, or county) Braddock — (State) Pa.

DATE RECD BY LOCAL REGISTRAR Jan 7, 1953 — REGISTRAR'S SIGNATURE Walter K. Haas, M.D. — 24. FUNERAL DIRECTOR Louis Stein, Inc. — ADDRESS Cumberland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconinbg; LENGTH OF STAY (in this place) 70yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gills Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Gills Hill

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M (Last) Robertson

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 25 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Robertson

14. MOTHER'S MAIDEN NAME: Jean McMurdo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 220-10-2377

17. INFORMANT AND ADDRESS: Mrs. Dixon Peebles (Daughter)

18. MEDICAL CERTIFICATION Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 10 hrs.

Antecedent cause (b) Hypertensive Cardiovascular Disease — Interval between onset and death: 1-2 yrs.

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Jan., 1953, that I last saw the deceased alive on Jan., 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE George Richards (Degree or title) ADDRESS Lonaconing DATE SIGNED 1/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 18, 1953

NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 1-18-53

REGISTRAR'S SIGNATURE Jannette M. Zoa

24. FUNERAL DIRECTOR: George Eichhorn ADDRESS: Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. /

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Paw Paw, W.Va.
LENGTH OF STAY (In this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At the "Spots" Route #51 3 miles west of Paw Paw in Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W.Va. COUNTY: Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Paw Paw
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Hugh (Last) Rockwell

4. DATE OF DEATH: (Month) Jan. (Day) 18 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Sept. 12-1925

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver-bartender for Mark Shriver

10b. KIND OF BUSINESS OR INDUSTRY: Williams Con. Co.

11. BIRTHPLACE (State or foreign country): Shalmar, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rockwell

14. MOTHER'S MAIDEN NAME: Edna Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 235-32-0807

17. INFORMANT AND ADDRESS: wife) Rosemary Robertson Rockwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracranial hemorrhage due to a S & W. 38	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) caliber revolver wound in head back of right ear.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: "Spots" Route 51- Md. near (CITY OR TOWN) Paw Paw (COUNTY) Morgan (STATE) W.Va.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Jan. 18/53 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fooling with a revolver revolver fired, bullet hit him in the head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V. Deming M.D. H.V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Jan. 19-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 21, 1953

NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery

LOCATION (City, town, or county) (State): Paw Paw, W. Va.

DATE REC'D BY LOCAL REG.: Jan 20, 1953

REGISTRAR'S SIGNATURE: Marie Twigg - CMC

24. FUNERAL DIRECTOR: W. D. Parks, Berkeley Springs, W. Va. ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 7.1/2 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY: Bedford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Hyndman, R.F.D.#1

STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gary	Lee	Shaffer	Jan.	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Jan. 9-1947	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Public School	Cumberland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carson Shaffer	Betty Jane Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Father-Carson Shaffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock, Intracranial hemorrhage due to a	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fractured skull also both femurs fractured.	9 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Rt. 36 Highway, Pa.	near-Hyndman	Bedford	Pa.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Jan. 16/53-4 Pm.		An auto swerved, overturned & hit him as he was standing along side of road.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Jan. 17-1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 19 1953	Bradley Cemetery	Buffalo Mills R.D.#1 Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 17, 1953	Walter L. Lantz, M.D.	Harvey H. Leigh	Hyndman, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 478 Williams St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 613 Williams St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) T. (Last) Shaw
4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Jan. 1 1882
9. AGE last birthday: 71 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Price
14. MOTHER'S MAIDEN NAME: Annie Nicholson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Allen Shaw 478 Williams St. Cumb., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypocardial Insufficiency	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis & Thrombosis	2 years
	(c) Arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 20 years

19a. DATE OF OPERATION: Dec 1952
19b. MAJOR FINDINGS OF OPERATION: Diabetic Gangrene - Rt. Low. Ext.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

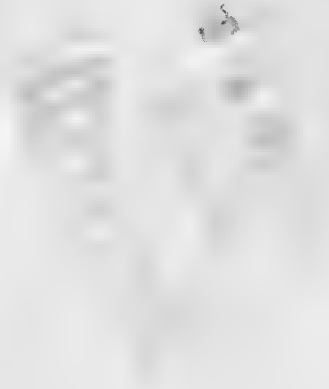
22. I hereby certify that I attended the deceased from ..., 19 47, to Jan 24, 19 53, that I last saw the deceased alive on Jan 24, 19 53, and that death occurred at 11 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold G Wiseman MD 59 Greene St Cumberland Md 1/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 27 1953 | NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery | LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. Jan 26, 1953 | REGISTRAR'S SIGNATURE Winter L. Feaster M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli ADDRESS: Cumberland, Md.



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 4HRS. 5MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA, COUNTY BEDFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MANNS CHOICE
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) RALPH (Middle) R. (Last) SHILLING
4. DATE OF DEATH: (Month) JAN. (Day) 12 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: NOV. 20, 1899
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER B. & O. R. R.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVAINA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES E. SHILLING
14. MOTHER'S MAIDEN NAME: BERTHA WAGNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.: 161-12-6626
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC TAMPONADE DUE TO — 10 HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DISSECTING ANEURYSM OF AORTA — ?

(c)

151.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* X, *Inquiry* ☐X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. DEMING MD H. V. Deming M.D. CUMBERLAND, MD. JAN. 12, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1-15-1953
NAME OF CEMETERY OR CREMATORY: Lutheran Cem.
LOCATION (City, town, or county) (State): Dry Ridge, Penna.

DATE REC'D BY LOCAL REG.: JAN. 13, 1953
REGISTRAR'S SIGNATURE: Walter R. Hartz, M.D.
24. FUNERAL DIRECTOR: Charles L. George
ADDRESS: Cumberland, Md.

VS. A15A

Within corporate limits DR. MIRKIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
LENGTH OF STAY (in this place): 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: PENNSYLVANIA — COUNTY: Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEDFORD
STREET ADDRESS (If rural give location): E. PENN STREET

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) C. (Last) SHIPPY

4. DATE OF DEATH: (Month) JAN. (Day) 17 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 18 1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): PENNA. Bedford Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROSS L. SHIPPY

14. MOTHER'S MAIDEN NAME: MARY E. HILLEGAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bifateral extensive bronchopneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Post-operative atelectasis	3 days
	DUE TO (c) Penetrating duodenal ulcer with 4d. erosion of pancreatico duodenal A.	

541.0

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (None)

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-14-53	Penetrating Ulcer & Hemorrhage	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1953, to Jan 17, 1953, that I last saw the deceased alive on 1-17, 1953 and that death occurred at 11:05 A.M. from the causes and on the date stated above.

SIGNATURE AND (Degree or title) M.D. — ADDRESS Cumberland — DATE SIGNED 1-17-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/53	Bedford Cemetery	Bedford Pa

DATE REC'D BY LOCAL REGISTRAR: Jan. 17, 1953 — REGISTRAR'S SIGNATURE: Wintter R. Mantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 18 Fairview St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) SKIDMORE

4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-12-1866

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Skidmore

14. MOTHER'S MAIDEN NAME: Susan Weitzell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Sam Walker, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 6 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ~~Cholecy~~ Pancreatitis ac. — 4 d.

DUE TO (c) Cholecystitis ac. exac. — 6 wks?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale, Emphysema — ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1953, to 1/8, 1953, that I last saw the deceased alive on 1/8, 1953, and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank T. Harrat MD 512 E. Main St. Frostburg 1/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-10-53 | NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 1-10-53 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) MARYLAND 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 104 Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) VIOLA (Last) STARK

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-6-1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Tiley

14. MOTHER'S MAIDEN NAME: Amelia Warn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Joseph Stark, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	aspiration pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO	cerebral hemorrhage	2 days
(c) DUE TO	hypertension - arteriosclerosis	10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary heart disease	5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1953, to 1-28, 1953 that I last saw the deceased alive on 1-28, 1953, and that death occurred at 7.50 p.m., from the causes and on the date stated above.

SIGNATURE Adolph Wolfermeyer (Degree or title) M.D. ADDRESS Frostburg DATE SIGNED 1-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-31-53 NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 1-31-53 REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. VAN ORMER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: CUMBERLAND. — LENGTH OF STAY (in this place): 2 MOS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: ~~LONACONING~~ Lekin

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	
GRACE STAUP	JAN. 7	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	MARRIED	JAN. 6, 1888	64 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	MARYLAND	U.S.A.

13. FATHER'S NAME: WILLIAM WADDELL

14. MOTHER'S MAIDEN NAME: ~~GRACE~~ Mary Beverage

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

180X

Immediate cause (a) Sarcoma kidney left — Appx 6 mont

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 21, 1953	Sarcoma kidney left	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ / Not While At Work ☐	HOW DID INJURY OCCUR?
m.		Oct 3, 1952

22. I hereby certify that I attended the deceased from ~~Dec.~~ ., 19 53 to Jan 7 ., 1953, that I last saw the deceased alive on Jan 7 ., 1953, and that death occurred at October 3 1:45PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W M Faw Jr. M D		Cumberland Md	Jan 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 10, 1953	Oak Hill Cemetery	Lonaconing,	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 8, 1953	Winter L. Hartz, M.D.	Kemp Eichhorn,	" "

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Chase St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland.
STREET ADDRESS (If rural give location) 105 Chase St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Sullivan

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: May 24 1874 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Coal Operator | 10b. KIND OF BUSINESS OR INDUSTRY: Coal Industry, Retd | 11. BIRTHPLACE (State or foreign country): Eckhart Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Sullivan | 14. MOTHER'S MAIDEN NAME: Johanna Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: 217-10-1930 | 17. INFORMANT & ADDRESS: Wm S. Sullivan, Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) ..... DUE TO Coronary Arteriosclerosis — Interval Between Onset and Death 3

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 51, to 1-31-, 19 53, that I last saw the deceased alive on 1-26-, 19 53 and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE, (Degree or title) J. J. Thomson M.D. | ADDRESS Cumberland, Md | DATE SIGNED 2-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 4 53 | NAME OF CEMETERY OR CREMATORY St. Michaels Cem | LOCATION (City, town, or county) (State) Frostburg Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 5, 1953 | REGISTRAR'S SIGNATURE Walter R. Dantz, M.D. | 24. FUNERAL DIRECTOR Louis Stein Inc | ADDRESS Cumberland Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 1

1. PLACE OF DEATH:
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 140 W. Mechanic

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 140 W. Mechanic

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Taylor

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 4-1896

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Taylor

14. MOTHER'S MAIDEN NAME: Catherine Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY No.: 213-10-9852

17. INFORMANT & ADDRESS: 140 W. Mechanic St. Mrs. George W. Taylor, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1953, to 1-5, 1953, that I last saw the deceased alive on 1-5, 1953, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
H. C. Diehl M.D. Frostburg, Md. 1/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-8-1953

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park

LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REG. 1-8-53

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR David Hafer, ADDRESS Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Constitution Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- R.F.D.#2 Flintstone, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Percy	Eugene	Thompson	Jan.	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	single	Sept. 21-1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer -Kelley-Springfield Tire Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Flintstone, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thompson
14. MOTHER'S MAIDEN NAME: Margaret Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-18-1895
17. INFORMANT AND ADDRESS: Inez Beck, Flintstone, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation (suicide) — Interval between onset and death: about 20 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

E 9-14+

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Slight dementia — 1.1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
About 3 yrs ago	Simple mastoid	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	City Park	Cumberland	Allegany	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
About 2 Jan. 1/52 A. m.		Put his head & neck in fork of tree, hung himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Jan. 1-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/53	Pleasant View Cemetery	Bedford Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 2, 1953	Winter R. Frantz, M.D.	Louis Stein Inc.	Cumberland, Md

RECEIVED
JAN 6 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; LENGTH OF STAY (In this place) 86; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miller Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; STREET ADDRESS Miller Road (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Enoch (Middle) (Last) Thrasher

4. DATE OF DEATH: (Month) Jan, (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug, 12 1866

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Work. Wva. Pulp & Paper Mill

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman Thrasher

14. MOTHER'S MAIDEN NAME: Elizabeth Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. 212-12-8110

17. INFORMANT AND ADDRESS: Mr. E. H. Smiley Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

#427.1 Immediate cause (a) Coronary Thrombosis. — Interval Between Onset and Death: 1-2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

491x (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia. — 2-3 weeks

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 19 53, to 23 Jan, 19 53, that I last saw the deceased alive on 23 Jan, 19 53, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. J. Richards. ADDRESS Lonaconing Md. DATE SIGNED 1/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Jan, 26 1953 | NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park. | LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REG. 1-26-53 | REGISTRAR'S SIGNATURE Jeannette M Boal | 24. FUNERAL DIRECTOR George Eichhorn ADDRESS Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland — LENGTH OF STAY (in this place): about 20 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#4(North Branch)	STREET ADDRESS (If rural, give location): R.F.D.#4 (North Branch)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Daniel	Tipton	Jan.	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Dec.11-1895	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber & Electrician	Celanese Corp.	Patterson Creek, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Tipton	Lucy Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes W.W.1	214-07-0516	Brother-John Tipton, R.F.D #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure due to	about 5
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis also had	years.
422.2	(c) Rheumatoid arthritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Jan.17-1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 20 1953	Davis Memorial Cem.	Cumberland	Md.

DATE REC'D BY LOCAL REGISTRAR'S REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 20, 1953	Walter K. Kantz, M.D.	Louis Klein Inc.	Cumberland Md.

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND,
LENGTH OF STAY (in this place): 1-HR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, Rural
STREET ADDRESS (If rural, give location): R.F.D.#6, LOCUST GROVE

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) Wm. (Last) TIPTON

4. DATE OF DEATH: (Month) JAN. (Day) 22 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 18, 1889

9. AGE last birthday: 63 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Coca-Cola Company

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TIPTON, GEORGE

14. MOTHER'S MAIDEN NAME: ~~LEASE~~ Alice J. Leach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-05-5235

17. INFORMANT & ADDRESS: MEMORIAL HOSPTTAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Artery Disease	3 -
	DUE TO (c) Congestive Heart Failure	?
	Hypertension	?

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22 19 53, to Jan. 22 19 53, that I last saw the deceased alive on Jan. 22, 19 53 and that death occurred at 4:50 P. M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Samuel Duncan M.D. 50 Pershing St. Cumberland Md. 1/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: JAN. 25, 1953

NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park.

LOCATION (City, town, or county) (State): Cumberland. Md.

DATE REC'D BY LOCAL REG.: Jan. 25, 1953

REGISTRAR'S SIGNATURE: Walter L. Wantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer. Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Garrett (Keyser) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Lonaconing
LENGTH OF STAY in this place: 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Lonaconing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) H (Last) Weir

4. DATE OF DEATH: (Month) Jan, (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan, 28 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Own Farm)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lonaconing Md. R.F.D. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Weir

14. MOTHER'S MAIDEN NAME: Hannah McMillian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NOne

17. INFORMANT AND ADDRESS: Mrs. Thomas Weir Lonaconing, Md R.F.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	3-4 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Generalized	1-2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1953, to 1-12, 1953; that I last saw the deceased alive on 1-11, 1953, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George Richards Jr. ADDRESS: Lonaconing DATE SIGNED: 1/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 14 1953 | NAME OF CEMETERY OR CREMATORY: Philos Cemetery | LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG.: 1-14 53 | REGISTRAR'S SIGNATURE: Jeanette M Boal

24. FUNERAL DIRECTOR: George Eichhorn ADDRESS: Lenadening, Md.

JAN

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00070

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 2 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 725 North Mechanic Street

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Leslie (Last) Welsh

4. DATE OF DEATH: (Month) January (Day) 20, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 14 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired-Foreman - B. & O. R.R. Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Welsh

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Chronic Myocarditis. — Interval Between Onset and Death: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Arteriosclerosis, — ?

DUE TO

(c) Hypertension. — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1953 to Jan. 20 1953, that I last saw the deceased alive on Jan. 19, 1953 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. McKeau M.D. — ADDRESS 49 Greene St. — DATE SIGNED 1-21-53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 23 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Herman Cemetery — LOCATION (City, town, or county) (State): Near Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 23, 1953 — REGISTRAR'S SIGNATURE: Walter R. Franke, M.D.

24. FUNERAL DIRECTOR: William H. Kight — ADDRESS: Cumberland, Md.

VS. A15 51

RECEIVED
JAN 27 1953
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00071

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland

LENGTH OF STAY (In this place): 76 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#2 Williams Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland

STREET ADDRESS (If rural, give location): R.F.D.#2 Williams Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mazie	Ellen	Wilson	Jan. 11 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	Aug.11-1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	rural Cumberland,Md.R.F.D #2	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George A.Robinette	Harriette Willison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	son-Harry Wilson-R.F.D Williams Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute cardiac failure due to	gradual
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic myocarditis also had arteriosclerosis	several yrs.
(c)	with hypertention.	

443X

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Fracture left femur 1951

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY* ☐ OR CONTRIBUTING* ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	rural- Cumberland	Allegany	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Oct. 1951 m.		Slipped on floor at home,fractured left femur,bedfast ever since.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection* ☐, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.	Cumberland,Md.	Jan.11-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/53	Greenmeadow Cem.	Breakneck Rd. near Cumberland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 12, 1953	Minta R. Fantz, M.D.	H. Wayne George	Cumberland, Md.

RECEIVED
JAN 4 0 19
BUREAU V. S.